



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## BOARD OF FUNERAL SERVICES

### APPLICATION INSTRUCTIONS FOR LIMITED LICENSURE

#### General Information

These instructions apply to applicants applying for a limited funeral director license pursuant to 24 Del. C. §3108. Section 3108 provides that,

A limited license will allow the licensee to make a removal of a dead human body in this state; to return the body to another state or country; to return dead bodies from another state or country to this State for final disposition; to complete the family history portion of the death certificate; to sign the death certificate in the licensee's capacity as a licensed funeral director; and to execute any other procedures necessary to arrange for the final disposition of a dead human body.

Per §3108, "the Board shall issue a limited license to a person, who is validly licensed as a funeral director by another state of the United States, its possessions, territory or the District of Columbia; provided that a similar privilege is granted by that jurisdiction to Delaware licensed funeral directors."

#### Requirements

Please submit:

- Completed, signed and notarized application form (please answer all questions).
- Non-refundable pro-rated processing fee, by check or money order, made payable to "State of Delaware".
- Verification of current licensure as a funeral service practitioner in either Maryland or Pennsylvania. This document must be sent **directly** from that state to the Delaware Board office. **Delaware currently has limited licensure agreements only with the State of Maryland and the State of Pennsylvania.**



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**BOARD OF FUNERAL SERVICES**  
**APPLICATION FOR LIMITED LICENSE TO PRACTICE FUNERAL SERVICE**

1. Applicant Name \_\_\_\_\_  
Last First M.I.
2. Business Address \_\_\_\_\_  
Street City State Zip
3. Residence Address \_\_\_\_\_  
Street City State Zip
4. Day Telephone Number \_\_\_\_\_ 5. Home Telephone Number \_\_\_\_\_
6. Email Address \_\_\_\_\_ 7. Social Security Number \_\_\_\_\_

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-12 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

State of \_\_\_\_\_)  
County or City of \_\_\_\_\_)SS

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

\_\_\_\_\_  
Signature of Applicant Dated: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_